Case 18-15851-mdc Doc 79 Filed 07/10/23 Entered 07/10/23 10:16:09 Desc Main Document Page 1 of 2

Fill	in this information to identil	fy your ca	ise:								
Deb	otor 1 Regin	na S Mc	Соу								
	otor 2 use, if filing)										
Uni	ted States Bankruptcy Cou	rt for the:	EASTERN DISTRICT	OF PENNSYLVANIA							
Cas	se number 18-15851	-mdc				Check if this is:					
(If kn	own)					An amended filing					
							nt showing postpetions of the following date				
<u>O</u> 1	fficial Form 106	<u>l</u>				MM / DD/ Y	YYY				
S	chedule I: You	r Inco	ome					12/15			
spoi atta	use. If you are separated	and you s form. (r spouse is not filing wi	ng jointly, and your spouse is liv ith you, do not include informatio onal pages, write your name and	on ab	out your spo	use. If more space	is needed,			
1.	Fill in your employment information.	:		Debtor 1		Debtor 2	or non-filing spou	se			
	If you have more than on		Employment status	■ Employed	☐ Employed						
	attach a separate page with information about additional employers. Include part-time, seasonal, or		Employment status	☐ Not employed	☐ Not employed						
			Occupation	Advanced Medical Support/Caregiv							
	self-employed work. Occupation may include a		Employer's name	Dept of Vet.Affairs/Greater Homecare Ag.							
	or homemaker, if it applies.		Employer's address	3900 Woodland Avenue Philadelphia, PA 19104							
How long employed there? August 2013 / May 2023											
Par	t 2: Give Details Ab	out Mon	thly Income								
	mate monthly income as use unless you are separate		ate you file this form. If	you have nothing to report for any l	ine, w	rite \$0 in the	space. Include your	non-filing			
	u or your non-filing spouse e space, attach a separate			ombine the information for all emplo	yers	for that perso	n on the lines below	. If you need			
					For I	Debtor 1	For Debtor 2 or non-filing spous	e			

List monthly gross wages, salary, and commissions (before all payroll deductions). If not paid monthly, calculate what the monthly wage would be.

3. Estimate and list monthly overtime pay.

4. Calculate gross Income. Add line 2 + line 3.

			non-filii	non-filing spouse				
2.	\$	7,369.07	\$	N/A				
3.	+\$	0.00	+\$	N/A				
4.	\$	7,369.07	\$	N/A				

Official Form 106I Schedule I: Your Income page 1

Debt	or 1	Regina S McCoy		C	Case number (<i>if kno</i>	wn)	18-15	851-m	ndc	
					For Debtor 1			Debtor filina s	2 or pouse	
	Сор	y line 4 here	4.		\$ 7,369.	07	\$		N/A	-
5.	List	all payroll deductions:								
	5a.	Tax, Medicare, and Social Security deductions	5a	a.	\$ 674.	68	\$		N/A	
	5b.	Mandatory contributions for retirement plans	5b		\$ 196.		\$		N/A	_
	5c.	Voluntary contributions for retirement plans	50	.	\$ 133.		\$		N/A	_
	5d.	Required repayments of retirement fund loans	50	d.	\$ 97.	18	\$		N/A	_
	5e.	Insurance	5e	€.	\$ 250.	12	\$		N/A	_
	5f.	Domestic support obligations	5f.		\$ 0.	00	\$		N/A	_
	5g.	Union dues	59].	\$ 42.	25	\$		N/A	_
	5h.	Other deductions. Specify:	_ 5h).+	\$ 0.	00	+ \$		N/A	<u>-</u>
6.	Add	the payroll deductions. Add lines 5a+5b+5c+5d+5e+5f+5g+5h.	6.		\$1,394.	64	\$		N/A	· <u> </u>
7.	Calc	culate total monthly take-home pay. Subtract line 6 from line 4.	7.		\$5,974.	43	\$		N/A	_
8.	List 8a.	all other income regularly received: Net income from rental property and from operating a business, profession, or farm Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total	0-				Φ.			
	Oh	monthly net income.	8a 8b			00	\$		N/A	_
	8b. 8c.	Interest and dividends Family support payments that you, a non-filing spouse, or a dependent	on).	\$0.	00	Φ		N/A	_
	00.	regularly receive Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement.	80	.	\$ 0.	00	\$		N/A	
	8d.	Unemployment compensation	80	d.		00	\$		N/A	
	8e.	Social Security	8e	€.	\$ 0.	00	\$		N/A	_
	8f.	Other government assistance that you regularly receive Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies. Specify:	8f.		\$ 0.	00	\$		N/A	
	8g.	Pension or retirement income	_ 8g		\$ 0.	00	\$		N/A	_
	8h.	Other monthly income. Specify:	_ 8h	1.+	\$ 0.	00	+ \$		N/A	<u> </u>
9.	Add	all other income. Add lines 8a+8b+8c+8d+8e+8f+8g+8h.	9.	\$	0.	00	\$		N/	A
40	٠.	A 11 7 . F . O		_		. [_				
10.		culate monthly income. Add line 7 + line 9. the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse.	10.	\$_	5,974.43	+ \$ _		N/A	= \$ _	5,974.43
11. State all other regular contributions to the expenses that you list in Schedule J. Include contributions from an unmarried partner, members of your household, your dependents, your roommates, and other friends or relatives. Do not include any amounts already included in lines 2-10 or amounts that are not available to pay expenses listed in Schedule J. Specify: Step Father pays Car Insurance 11. +\$ 65								65.00		
12.		the amount in the last column of line 10 to the amount in line 11. The result in the summary of Schedules and Statistical Summary of Certain ies						12.	\$	6,039.43
	r.P.							ı	Combi	ned
13.	Doy	you expect an increase or decrease within the year after you file this form?	?							ly income
		No.								